



WEST KELOWNA FILE NO. _____ <i>For Office Use Only</i>
SLIM ID NO. _____

Development Services
 3731 Old Okanagan Hwy, West Kelowna, BC
 V4T 0G7
 Tel: 778-797-8830 Fax: 778-797-1001
 Email: dev.services@westkelownacity.ca

Street Lighting Application

In order to have street lighting installed/energized, the Applicant/Agent must accurately complete the following:

Applicant/Agent Name :	Development Name:
Address :	Location :
Phone : []	CWK Development Services Contact :
Email :	Email : Phone :
Electrical Company Name :	Phone :
Electricians Name :	Electrical Permit # : <i>Not required for Overhead</i>
Email :	Model Name : Model # :

Effective Date: _____

WEST KELOWNA Account # _____ <i>For Office Use Only</i>
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☐ Please fill in only the appropriate boxes for Type of Light requested.

Type of Light ☐ **Ornamental** = Metal Pole, Ornamental or Cobra Head style

Reason ☐ Add/Remove to **Existing Service** ☐ New Connection ☐ New Metered Connection
 ☐ Remove Metered Connection ☐ Switch to Metered **# of Lights:** _____

Request Type ☐ Addition ☐ Removal **Wattage:** _____

Lamp Type ☐ High Pressure Sodium ☐ LED ***MUST BE MMCD Compliant** ☐ Confirmed

***Location of Service Box** Please Identify on Street Lighting Plan

***Attachments** ☐ Electrical Permit ☐ Approved Street Lighting Plan

Comments: _____

Type of Light ☐ **Overhead** = Davit Arm on BC Hydro Wooden Pole

Request Type ☐ Addition ☐ Removal ☐ Modification **# of Lights** _____ **Wattage** _____

Lamp Type ☐ High Pressure Sodium **Lens Type** ☐ Cube ☐ Drop ☐ Flat

Arm Length ☐ 1.2 ☐ 2.4 ☐ 4.8 ☐ Unknown **Arm Direction** _____

***All Pole ID #'s** _____

***Location of Service Box** Please Identify on Street Lighting Plan

***Attachments** ☐ Approved Street Lighting Plan